Best Available Copy

	PATENT /	APPLICATIO Effect		Application or Docket Number 10/158896											
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE				OTHER THAN OR SMALL ENTITY			
TC	TAL CLAIMS		9					RAT	Ε	FEE]	RATE	FEE		
FOR			NUMBER FILED		BMUN	NUMBER EXTRA		BASIC FEE 385.00		OR	BASIC FEE	770.00			
TOTAL CHARGEABLE CLAIMS			9 minus 20=		· 8-7			X\$ 9=			OR	X\$18=			
INDEPENDENT CLAIMS (OLL			minus 3 =		3	. 8		X43=			OR	X86=			
MU	LTIPLE DEPEN	IDENT CLAIM PF						+145=			OR	+290=			
* If the difference in column 1 is less than zero, enter "0" in column 2							1	TOTA	\L		OR	TOTAL	12E		
CLAIMS AS AMENDED - PART II									,		•	OTHER			
		(Column 1)		(Colum		(Column 3)	. ,	SMALL			OR	SMALL			
NTA		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID I	BER OUSLY	PRESENT EXTRA		RATI	Ε	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
AMENDMENT	Total	*	Minus	**		=		X\$ 9	=		OR	X\$18=			
MEN	Independent	*	Minus	***		=		X43=	-		OR	X86=			
٩	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							1.45	1		- 1	+290=			
								+145			OR	TOTAL			
								ADDIT. FEE OR ADDIT. FEE							
	1 ,		-												
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIC PAID I	BER DUSLY	PRESENT EXTRA		RATI		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
NO.	Total	*	Minus	**		=		X\$ 9	-		OR	X\$18=			
AME	Independent	*	Minus	***		=		X43=			OR	X86=			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145			OR	+290=			
							l	101	AL		_ 1	TOTAL			
									ADDIT FEE ADDIT FEE						
		(Column 1) CLAIMS	1	(Colun		(Column 3)			_	.001	1		4001		
AMENDMENT C		REMAINING AFTER AMENDMENT	·	.NUME PREVIO PAID F	BER DUSLY	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
Ş Q	Total	*	Minus	**		=		X\$ 9=			OR	X\$18=			
ĮĘ.	Independent	*	Minus	***		=	lt	X43=			OR	X86=			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								\dashv		J.,	. 200-			

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TOTAL

ADDIT. FEE

TOTAL

ADDIT. FEE

^{*} If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.